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ABSTRACT

This paper presents the Adults' Health and Developmental Program (AHDP), an established health program which could serve as a model to be emulated throughout the nation. The AHDP is located at the University of Maryland. It is inexpensive to operate, simple in design, health related, provides services to older adults, training for students interested in gerontological health, and research opportunities. Once enrolled, older adult members and students (staff) continue to return so that turnover is relatively low compared to other voluntary organizations. The potential for building on additional health services is unlimited. The Program is seen as having preventive, interventive, and postventive or rehabilitative health care aspects. (Author)

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U.S. House Select Committee on Aging
Testimony By Dr. Dan Leviton, Ph.D.
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University of Maryland, College Park, Md.
April 14, 1976

"Thank you for permitting me to speak to you regarding our Adults' Health and Developmental Program (AHDP), an established health program which could serve as a model to be emulated throughout the nation. The AHDP is located at t the University of Maryland. It is inexpensive to operate, simple in design, health related, provides services to older adults, training for students interested in gerontological health, and research opportunities. Once enrolled, older adult members and students (staff) continue to return so that turnover is relatively low compared to other voluntary organizations. The potential for building on additional health services is unlimited. The Program is seen as having preventive, interventive, and postventive or rehabilitative health care aspects.

Definition and Theory

A word about definition and theory. Recently health has taken on a new definition. No longer is health solely associated with the lack of disease. For example, the World Health Organization's definition of health reads that health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. Now that is a valuable philosophical definition for it gives indication of the relationship between health and one's perceived state of being. Philosophers and lately psychologists have recognized this concept. Terms, such as the joy of life, elan vital, high level wellness, self actualization, and ego identity connote this sense of well being. Translated into health behavior, we know that a sense of well being is related to life. Its antithesis is related to sickness, suicide and other forms of premature death.

Suicide

Perhaps suicidal behavior helps me make my point. Suicide is age related. That is, it increases with age until it begins to peak at ages 45-64 at around 20 per 100,000. Now suicide is the one cause of death that is preventable. We know that it is related to isolation and loneliness, and a lack of meaning to live., among other factors. In providing therapy for the recently widowed or the suicidally disposed individual, it is often beneficial to provide authentic human interaction and a meaning to live. Our Program recognizes the palliative aspects of warm human interaction among all generations as we seek common health goals.

Body Image

Allow me to become more specific. The AHDP seeks to improve the self concept of the older adult with special reference to the body image. How we see our body and what it can do is very much related to a healthy self concept. We aim to improve the physical basis of personality through social interaction in an environment of fun and joy. Let me give you an example of what I mean. As an undergraduate I came in second in a male "beauty" contest if you can imagine that. I always had my share of dates and enjoyed the opposite sex immensely. In short, I was well built and considered attractive. The years passed. Now I was 35 years of age taking course work towards my doctorate. In one class, there was a maiden who appealed to my every romantic fiver. She sat in the front row and I sat in the back. "When would I have the chance to meet her?" was my daily thought. One day at the end of class, she walked down the long

flight of stairs leading outside and paused at its landing. By luck she happened to look back and saw me beginning to descend. I perceived her to smile slightly. She waited. My heart beat increased. As I approached, she readied to speak. Her words are forever emblazoned in my memory: "After you, sir", she said as she held the door open. Can you imagine the effect on my self concept? My body image? During all those years I still saw myself as Marlon Brando. In reality I was balding and pauchy. In our society, as you know, youth is beauty while old age is equated with ugliness. Thus, the older person comes to regard physical change with despair. As I lose my strength and skill, perhaps I gain a step on death. We aim to correct that perception but in a very special environment.

We also feel that development and learning can continue through old age. Even dying can be a developmental experience. We feel that the drop unto death, usually called senility, can be attenuated. In short, that one can enjoy life to the point of death. Here is how we do it.

The Process

Our Program is essentially voluntary. Each semester between 45-60 students from every discipline volunteer to work in the Saturday morning Program. During our training period, we teach them to be able to analyze areas of physical deficiency in the areas of strength, endurance, flexibility and coordination. Students then are called upon to "invent" ways of meeting therapeutic goals. Each student is assigned to a member. A close bond usually develops. For example, a student working with me would quickly determine that I could work on improving my flexibility and losing weight. But I hate calisthenics and other forms of formal exercise. The student must use his or her ingenuity to fashion or structure activities that I would enjoy. We find older adults are thrilled to be able to accomplish new skills or re-learn old ones. Have you ever seen an 80 year old on a trampoline? Or a blind 65 year old riding an adult-sized tricycle? Thus, we aim to improve the physical basis of health.

Subtleties

But other more subtle things are going on during this particular hour and one-half. Imagine this situation which has actually occurred. An elderly gentleman, 78 years of age, came to our Program 3 years ago after suffering a severe heart attack. His cardiologist allowed him to participate only after I described the individualized nature of the AHDP. We started out playing cards. Small muscle activity was enough at that time. It also happened that this gentleman had suffered the death of his wife a few years earlier. He had watched her die of cancer. She was a warm, fun-loving, woman of around 130 pounds. She died weighing around 90 pounds. Sharing her death had a profound affect on Mr. X. Mr. X came to us reluctantly. He had been referred by his daughter, my colleague. Mr. X called me before enrolling and asked, "Dan, what is this Adults' Program?" "Take a look at it sometime", I replied, "if you don't like it, you can drop out". So he came one Saturday. I paired him with a perky, intelligent, young lady. I remember one day last year, he had progressed to the point that he could enjoy tether ball and punt a football with the children enrolled in our sister program, The Children's Health & Developmental Clinic. During this one-to-one relationship with a trusted friend, Mr. X confided about his apprehensions concerning his own death and other aspects of health. Our staff is trained to be able to respond on any topic of concern. Nothing is taboo whether it be discussions of death or human sexuality. Mr. X by his every testimony had found reason to live. Recently, however, he died of a massive heart attack while shopping. Earlier during the semester, my valued associate director, a nurse and doctoral student, very much in love with older

adults, Edna Stilwell, commented that Mr. X looked a little different this semester.

She allowed how death might be close considering that he was now 82. "But", she commented, as he was observed walking down the hall with two neat young staffers, hand-in-hand, a smile spread across his face, "he'll die happy". His relationship over the years with many students and the AHDP had provided a meaning to life. He both learned from the Program and enriched us with his knowledge and wisdom.

We did not hide his death from either staff or members. At our gathering of 45 members and a like number of students, it was noted that we shall not avoid death in our Program. If we can love and respect one another in life, it would be an obscenity to avoid our need to grieve after one of us dies.

Learning

This brings me to another major concept. We feel that one can learn unto the time of death. From 11 to noon, we have our health education hour. Here we do one of two things. Either we discuss some health related topic such as nutrition, dental problems, consumer education, human sexuality, and coping with grief and bereavement; or we ask what can we learn from one another? We exploit what Robert Butler calls the life review which is the sometime need for the older person to reminisce, to legitimize and reconcile his past life. We feel that one's sense of well being is related to his view of his life. Thus, students are encouraged to learn of our people's history. Our members provide the stuff of living history if you will. Thus, on a Saturday, we may compare the Depression of the 1930's with today's economic plight. What was it like during World War I and II? Also, our members teach one another, staff and children, their skills such as doll making, music composition, Chinese exercise, and so forth.

Training

In our staff and training meetings, we discuss safety, aspects of gerontology, the application of our particular methodology for improving health, and elements of what I call "mutual counseling". Ours is an egalitarian program in the sense we do not tell our members what to do. We come to agreement with them. One case makes the point. A novice staffer who is a nurse trained in the traditional medical model where physicians and nurses give orders and patients do what they are told was assigned to a rather obese woman. During the first day the staffer in a quite direct and patronizing way said to Mrs. Y, "My, we will have to get rid of some of that fat, won't we?" To which Mrs. Y remarked, "Look, I know I'm fat. I've been hearing it for years. Why do you 'bug' me? Did I say something to you--leave me alone!" Obviously, we changed staffers. In fairness to the nurse, she herself brought the issue up in staff meeting. She had learned a valuable lesson--to know the individual before making overt recommendations. Again, we note the importance of body image. An experienced staffer would have structured the situation so that Mrs. Y could lose weight without a word said about herebeing fat. Parenthetically, our School of Nursing now sends students routinely to us for training.

We emphasize the importance of skin contact or touching as a health entity. This variable has only recently become recognized as important to health. Infants who are not cuddled will either show attenuated development or may even die prematurely. I see affectionate skin contact as a human need. When the need is lacking, a deficiency condition develops. In our society, we avoid touching the elder person. We cuddle infants, children, and the young. Who hugs an 80-year old? Allow me to cite an example. I was working with our first member in the Fall of 1972,Mr.H. He came to us recovering from a stroke, blind

in one eye with a cataract forming in the other. He was starkly affected by arthritis so that he walked in a stoop with his right arm cotracted at the elbow joint. He was a widower living alone but possessed of a fine spirit. One day we walked through the hallway of Cole Field House after finishing some "adapted arm wrestling" designed to stretch the muscles and ligaments of his affected arm in a "fun" way. Coming down the hall from the other end was a young lady working with a hyperactive child in the Children's Clinic. She and the boy paused before us and she said cheerfully, "Hi, Mr. H, how are you?" He replied pleasantly in return. Spontaneously, she put her arm around Mr. H and gave him a big hug and kiss on the cheek and then dashed off with her active youngster pedaling his "Big Wheel". All of a sudden, Mr. H. began to trot up the hall. In my best professorial voice, I asked, "John, what in the hell are you doing?" To which he turned to say, "Dan, right now I'm feeling pretty good!" Never underestimate the palliative nature of affection expressed through physical contact.

Interaction

On any of the nine Saturday mornings that we meet each semester, you will see approximately 150 children and their individual staffers enrolled in the Children's Clinic, and our 45-60 older adults and their student-friends. Thus, we have ample opportunity for intergenerational interaction. The hustle and bustle of friendly human beings interacting in a playful environment is seen as contributing to health.

Interview and other data indicates that the AHDP contributes to improving depression, self concept and body image, and the meaning given to existence, that is, a sense of well being. We enhance the person's sense of identity and worth. We provide health education. We hope to begin working closely with our Sports Medicine and Fitness Laboratory to provide stress testing as another aspect of illness prevention. We have a small grant pending to provide a nutritious lunch in this cheerful setting. In the context of our Program, health assessments, meals, and so forth are seen as natural. No one feels a loss of dignity or that one is accepting charity.

In closing, may I make the following points:

1. Such a program can easily be established in any college-university setting. Our people enjoy coming to a center of learning. In itself, it contributes to health. What is needed in establishing a program is trained leadership a gymnasium, a classroom or two, and some equipment much of which can be easily constructed.

2. The cost of the program varies depending upon that which is available. We feel that the entire campus is our laboratory as we use the existing campus facilities. Through the kindness of our Physical Education Department, the Recreation Department and the Children's Clinic, a variety of equipment is made available to us. A small grant enabled us to purchase specialized equipment such as adult bicycles, and wall pulleys.

3. Both students and older adults indeed learn from one another and come to see themselves in a new light. One student remarked after a semester's work, "I feel that I can solve any problem and interact with anyone -- I've gained a tremendous amount of self confidence, and understanding of the aging process". One of your own staff, Nancy Blaney, has been with us for years. Her participation in the Program has stimulated her to pursue a career in gerontology, Many students return to work in the Program even after graduation.
4. The Program can serve to <u>prevent</u> ill health by its individually prescribed activity, human interaction, and health education. The Program also serves

to train students to be able to intervene therapeutically to improve the health of the individual. We have had people referred because they were suicidal, severely depressed, suffering from terminal disease, and so forth. One gentleman who eventually died of cancer wrote that the AHDP did more for his morale than all of his chemotherapy and psychotherapy put together. Finally, the Program has a postventive or rehabilitative aspect. It can help in its own gentle way the individual restore his overall health.

5. The implication of our Program for the education of health care professionals is obvious. Nurses, physicians and others would come to see the "patient" as a human being. One nurse who specializes in geriatric care visited our Program. She caught on in a minute to what we are trying to accomplish. She said, "You've got a love-in here -- no wonder your people, students and older adults keep returning".

6. The University is seen as a community center where all generations can come both to learn from one another and interact to accomplish certain mutually beneficial goals. In this sense, the institution loses some of its cold, impersonal aura. Stereotypes and mythologies vanish. Some of our people have commented, "Perhaps the University does care about what happens to people". On a more individualized level, older adults come to see the student as something other than a destructive irresponsible child. The older adult is seen as something other than rigid, irritable, and domineering. The implications for improving human relations in all of society is obvious.

7. Both the Children's Health and Developmental Clinic under the direction of my colleague, Dr. Warren R. Johnson, and the Adults' Program have served as a catalyst to foster interdisciplinary service and research. Of particular value have been the College of Physical Education, Recreation, and Health, and individual psychologists, human development specialists, gerontologists, recreation therapists, social workers, nurses, and others. Thus, the two Programs are seen as catalytic both in terms of improving interdisciplinary effort and community University interaction.

Of course, the key to our Program is our students and associate director, Edna Stilwell. I am amazed at their creativity and ingenuity.

We need to tap this natural resource of highly motivated students, to meet the health needs of all with special reference to the aging American. Even now, other colleges and universities have indicated a committment to develop related programs. Health education and prevention of illness requires a means to allow the reification of health theory into action. The AHDP provides a way.

Thank you."